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(12) INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

(19) World Intellectual Property
Organization
International Bureau



(43) International Publication Date
31 December 2003 (31.12.2003)

PCT

(10) International Publication Number
WO 2004/000340 A2

- (51) International Patent Classification⁷: A61K 35/74, (74) Agents: VAN WESTENBRUGGE, Andries et al.; Nederlands Octrooibureau, Scheveningseweg 82, P.O. Box 29720, NL-2502 LS The Hague (NL).
- (21) International Application Number: PCT/NL.2003/000455 (81) Designated States (*national*): AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW.
- (22) International Filing Date: 20 June 2003 (20.06.2003)
- (25) Filing Language: English
- (26) Publication Language: English
- (30) Priority Data: 02077460.0 20 June 2002 (20.06.2002) EP (84) Designated States (*regional*): ARIPO patent (GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW), Eurasian patent (AM, AZ, BY, KG, KZ, MD, RU, TJ, TM), European patent (AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, RO, SE, SI, SK, TR), OAPI patent (BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG).
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- Published:
— without international search report and to be republished upon receipt of that report
- For two-letter codes and other abbreviations, refer to the "Guidance Notes on Codes and Abbreviations" appearing at the beginning of each regular issue of the PCT Gazette.*

(54) Title: METHOD AND COMPOSITION FOR PREVENTING OR ALLEVIATING SYMPTOMS OF MALABSORPTION

(57) Abstract: One aspect of the present invention relates to a method of preventing or alleviating symptoms of malabsorption in a monogastric mammal which malabsorption is caused by impaired intestinal digestion, said method comprising the enteral administration to said mammal of an effective amount of one or more strains of the genus *Propionibacterium* and/or a prebiotic that stimulates gastrointestinal activity of *Propionibacterium*. Another aspect of the invention relates to a dietary supplement comprising at least 106 metabolically active cells of the genus *Propionibacterium*; at least 0.5 g of a prebiotic and/or at least 106 metabolically active homofermentative cells of the genus *Lactobacillus* and/or at least 106 metabolically active cells of the genus *Bifidobacterium*; and a nutritionally acceptable carrier.

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METHOD AND COMPOSITION FOR PREVENTING OR ALLEVIATING SYMPTOMS OF MALABSORPTION

TECHNICAL FIELD

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The present invention relates to a method of preventing or alleviating symptoms of malabsorption and to a dietary supplement for use in such a method. The present method comprises enteral administration to a monogastric mammal of a composition that enhances digestion of nutrients in the gastrointestinal tract and is particularly suitable for treating patients suffering from cystic fibrosis, pancreatic insufficiency, coeliac disease, cow's milk protein allergy, small or short bowel syndrome, or small bowel overgrowth.

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BACKGROUND OF THE INVENTION

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A principal function of the gastrointestinal tract is to process and absorb food. The stomach, which is both a storage and digestive organ, works to optimise the conditions for the digestion and absorption of food in the small intestine. Following the stomach and preceding the large bowel (colon) is the small intestine which comprises three regions: the duodenum, jejunum, and ileum. A major function of the small intestine is one of absorption of digested nutrients.

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The passage of food through the, gastrointestinal tract, which leads to digestion and absorption of the nutrients contained therein, is controlled by a complex system of inhibitory and stimulatory motility mechanisms which are set in motion by the composition of the meal ingested. Specific receptors for fats, and proteins, and the osmolality, acidity and particle size of the meal activate propulsive and inhibitory reactions, which modulate transit and thus absorption.

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Disruption of the normal digestive and absorptive processes frequently manifests as a variety of syndromes, such as, for example malabsorption, weight loss, diarrhoea, vitamin deficiency, electrolyte imbalance, and the like. The malabsorption syndromes are clinical entities associated with defective absorption of amino acids, sugar, fat, vitamins and minerals. Malabsorption is thus the common denominator in a wide variety of clinical disorders the severity of which covers a broad range and which, when diagnosed, require individual

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analysis of each patient against the background of the normal process of absorption. Patients with malabsorption syndrome have a difficult time meeting daily nutritional requirements. In patients with malabsorption syndrome there generally exists both catabolic and serious nutritional consequences.

5 The efficiency with which nutrients are absorbed (and thus utilised) by the human and animal body depends among other things on the efficiency of digestion. Digestion is *inter alia* mediated by various enzymes that have specific functions at various locations in the digestive tract. Impairment of digestion, e.g. as a result of diminished intestinal enzyme activity, is one of the prime causes of malabsorption.

10 In the whole process of digestion, which starts in the mouth, the pancreas has an important role. It secretes a juice having two major components, an alkaline fluid and enzymes, into the duodenum. The two components occur in variable proportions depending on the stimuli. The alkaline fluid component, ranging in volume from 200-800 ml/day, has a high concentration of bicarbonate, which neutralises the gastric content entering the
15 duodenum and helps to regulate the pH of the intestinal tract.

 The enzymes of pancreatic juice are synthesised and secreted by the acinar cells which also secrete a fluid similar in electrolyte composition to an ultrafiltrate of plasma. In intermittent feeders such as man, dog and cat, the volume of the fluid secreted by the acinar cells is very small and it has little effect upon the volume and composition of pancreatic juice
20 flowing in the main pancreatic duct.

 The pancreatic juice contains four major enzyme groups: lipolytic, proteolytic, amylolytic and nucleic acid splitting enzymes. These pancreatic enzymes, some of them are secreted in multiple forms, possess specificities complementary to the intestinal membrane bound enzymes. Fresh, uncontaminated pancreatic juice is without proteolytic activity
25 because these enzymes are in the form of inactive zymogens. An important fraction of the calcium in pancreatic juice accompanies the enzymes, especially alpha-amylase.

 Patients suffering from malabsorption as a result of diminished intestinal enzyme activity (e.g. as a result of pancreatic insufficiency), are commonly treated by orally providing one or more digestive enzymes (exocrine pancreas substitution therapy). An
30 important aim of exocrine pancreas substitution therapy is to eliminate the malabsorption and to maintain an adequate nutrition. However it is known that in many patients suffering from pancreatic insufficiency, exocrine pancreas substitution therapy will not restore digestive efficacy to normal levels. As a result, many patients using exocrine pancreas substitution therapy still suffer from symptoms of malabsorption.

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Malabsorption as a result of impaired digestion may also occur in subjects who do not suffer from pancreatic insufficiency, e.g. in patients suffering from small or short bowel syndrome. In patients suffering from short bowel syndrome the passage of nutrients through the small intestine occurs in such a short time interval that nutrients are only partly digested before they enter the colon. Exocrine pancreas substitution therapy is not effective in such patients and alternative methods of treatment are generally inadequate in enhancing the digestive processes in these patients.

Thus, despite the tremendous amount of research that has been undertaken to elucidate the role of nutrition and absorption in gastrointestinal disorders, few methods currently exist that offer adequate solace for patients suffering from these disorders, in particular patients suffering from malabsorption as a result of impaired intestinal digestion. Thus, a need exists for new methods and nutritional compositions that can effectively be employed to improve digestion and subsequent absorption of ingested nutrients.

SUMMARY OF THE INVENTION

The inventors have found that symptoms of malabsorption in monogastric mammals which is caused by impaired intestinal digestion may effectively be alleviated or prevented by enterally administering an effective amount of one or more strains of the genus *Propionibacterium* and/or a prebiotic that stimulates gastrointestinal activity of *Propionibacterium*.

Propionibacterium is found in rumen and intestine of ruminants (cattle, sheep), where it plays a part in the formation of fatty acids, particularly propionic and acetic acids.

Propionibacterium is responsible for the conversion of lactate, which arises from various fermentations in the rumen, to predominantly propionate. Under anaerobic conditions, members of the genus *Propionibacterium* ferment glucose, sucrose, lactose and pentoses, as well as lactate, malate, glycerol and other substrates to propionic acid. The catabolism of hexoses proceeds via the fructose-bisphosphate pathway.

Although the inventors do not wish to be bound by theory, it is believed that in the anaerobic intestinal environment *Propionibacterium* is capable of fermenting nutrients, which the mammal is unable to (enzymatically) digest and/or absorb, to propionic acid (or propionate). Propionic acid is readily absorbed in the intestine, following which it can be used as an energy source. Thus, the enteral administration of *Propionibacterium* enables the

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mammal to recover a larger fraction of its total energy intake in the form of ingested food. Similarly, because *Propionibacterium* naturally occur in the intestinal microflora, the enteral administration of a prebiotic that enhances the intestinal activity of *Propionibacterium* may be used to achieve the same effect. Since the digestion and absorption of various nutrients is strongly interrelated, the enteral administration of *Propionibacterium* and/or the prebiotic is also believed to improve the mammal's capability of satisfying its needs for certain essential nutrients.

Other micro-organisms, such as those belonging to the genus *Lactobacillus* and *Enterococcus*, are known to also have the capability to ferment nutrients to short chain fatty acids within the intestinal tract. However, the inventors have found that *Propionibacterium* offers several important advantages over these other micro-organisms.

It was found that, unlike micro-organisms such as *Lactobacillus* and *Enterococcus* and *Bifidobacterium* which are also capable of fermenting nutrients to short chain fatty acids, *Propionibacterium* ferments nutrients to propionic acid without simultaneously producing substantial amounts of methane. Whereas *Propionibacterium* only produce propionic acid, all other foodgrade micro-organisms produce lactate and/or acetate which are easily converted to methane. This means that, in comparison to these other micro-organisms, *Propionibacterium* will give rise to significantly less flatulence and bloating. In addition, it is important to note that fermentative production of methane is associated with less energy yield for the mammal, meaning that *Propionibacterium* is capable of providing more energy sources for the mammal from the same substrate than these other micro-organisms.

Thus, the present method of enteral administration to monogastric mammals of *Propionibacterium* and/or a prebiotic that stimulates gastrointestinal activity of *Propionibacterium* is a very effective method for treating or preventing symptoms of malabsorption caused by impaired intestinal digestion as the method is particularly effective in enhancing energy recovery from ingested nutrients and does not suffer from unpleasant side-effects such as flatulence and bloating.

The present method is of general benefit to monogastric mammals who are malnourished, or at risk of becoming malnourished as a result of malabsorption. It is of crucial importance for such mammals to recover as much energy as possible from ingested nutrients. The present invention enables enhanced energy recovery from ingested nutrients, which is advantageous to any mammal suffering from malabsorption as a result of impaired enzymatic or fermentative intestinal digestion, even if such malabsorption is not caused by maldigestion.

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DETAILED DESCRIPTION OF THE INVENTION

5 Consequently, one aspect of the invention relates to a method of preventing or alleviating symptoms of malabsorption in a monogastric mammal which malabsorption is caused by impaired fermentative intestinal digestion, said method comprising the enteral administration to said mammal of an effective amount of one or more strains of the genus *Propionibacterium* and/or a prebiotic that stimulates gastrointestinal activity of

10 *Propionibacterium*.

 The term "monogastric mammal" encompasses all mammals that do not belong to the group of polygastric mammals. Important representatives of the group of polygastric mammals are ruminants such as cattle. Typical examples of monogastric mammals include humans, pigs, dogs and cats.

15 The term "enteral administration" includes oral and rectal administration. The term "oral administration" also encompasses tube feeding. Preferably, the present method employs oral administration.

 The term "malabsorption" refers to a condition of defective intestinal absorption of amino acids, peptides, sugar, fat, vitamins and/or minerals. Preferably, malabsorption is defined more narrowly as defective intestinal absorption of amino acids peptides, degradation products of carbohydrates and/or degradation products of fatt.

20 The effectiveness of the present method is dependent on the amount of *Propionibacterium* cells and/or prebiotic administered as well as on the status of the *Propionibacterium* cells. In a particularly preferred embodiment metabolically active cells of *Propionibacterium* are administered in a daily amount of at least 10^6 cells. More preferably metabolically active cells are administered in a daily amount of at least 10^8 cells, most preferably of at least 10^9 cells. Here the term "daily amount" refers to the average daily amount. The term "metabolically active" refers to the capability of the cells to convert ingested nutrients to propionic acid.

30 In general, the prebiotic will be administered in a daily amount of at least 0.5 g, preferably in a daily amount of at least 1 g, most preferably of at least 5 g. The daily administered amount of prebiotic will usually not exceed 50 g. Preferably said amount will not exceed 30 g. The prebiotic used in accordance with the present invention is preferably

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selected from the group consisting of mono-, oligo-, polysaccharides and combinations thereof.

In a very preferred embodiment of the invention, the present method comprises the co-administration of *Propionibacterium* and the prebiotic. This particular embodiment not only offers the advantage that it introduces one or more metabolically active strains of *Propionibacterium* into the intestine but, in addition, it stimulates metabolic activity and even proliferation of these strains at the cost of other, less desirable, micro-organisms present in the intestinal microflora.

The inventors have discovered that the impact of the present method on the ratio of propionate to acetate found in the faeces of the mammal is a reliable indicator of the effectiveness of the present method. High propionate to acetate ratios generally correspond with high energy recovery and little methane production as such a high ratio is indicative of high intestinal activity of *Propionibacterium*, relative to the intestinal activity of other micro-organisms. The ratio in which propionate and acetate occur in faeces may be influenced effectively by the administration of a suitable prebiotic, i.e. a substrate for *Propionibacterium*. The terms "propionate" and "acetate" as used in this document encompass both the free acid and the salt forms of these substances.

In order to establish whether or not a component can suitably be used as a prebiotic in the present method a relatively simple *in vitro* test can be applied. This method is described in detail in appendix I.

In a particularly preferred embodiment, the prebiotic used in accordance with the invention yields a propionate to acetate ratio which is at least 25% higher than that observed for a glucose control in the aforementioned *in vitro* incubation test. More preferably said ratio is at least 50% higher and most preferably it is at least 75% higher than the same ratio observed for the glucose control.

In the present method, the frequency of administration may suitably vary from 4 times daily to once a week. Preferably the frequency is between 3 times a day and once every 3 days. Most preferably the frequency of administration is once or twice daily. The present method is particularly effective when it comprises uninterrupted administration of *Propionibacterium* and/or the prebiotic during a period of at least 1 week, more preferably of at least 3 weeks.

Examples of prebiotics that may advantageously be employed in the present method, because they are good sources of propionate, include inuline; modified inuline; hydrolysed inuline; fructo-oligosaccharides; galactomannan (e.g. guar gum) and hydrolysates thereof;

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arabinogalactan (e.g. gum acacia) and hydrolysates thereof; trans-galacto-oligosaccharides; rhamnose; pectin and pectin hydrolysates; resistant starch and hydrolysates thereof; indigestible dextrin and hydrolysates thereof; indigestible polydextrose; beta-glucan and hydrolysates thereof; and combinations of these oligo- and polysaccharides. Preferably, the prebiotic is selected from the group consisting of inuline; modified inuline; hydrolysed inuline; fructo-oligosaccharides; arabinogalactan and hydrolysates thereof; resistant starch; indigestible dextrin; indigestible polydextrose; and combinations thereof. More preferably, the prebiotic is selected from the group consisting of inuline; modified inuline; hydrolysed inuline; fructo-oligosaccharides; arabinogalactan and hydrolysates thereof; resistant starch; indigestible dextrin and combinations thereof. Most preferably, the prebiotic is selected from the group consisting of inuline, arabinogalactan, resistant starch, indigestible dextrin and combinations thereof.

Screening studies conducted by applicant using the method described in Appendix 1 showed that the following carbohydrates are particularly suitable prebiotics:

Prebiotic	Propionate/acetate ratio relative to glucose control (after 48 hours)
Resistant starch (Novelose TM 330)	4.77
Indigestible dextrin (Fibersol TM)	3.46
Arabinogalactan (acacia)	2.02
Inuline (Raftline TM)	2.02

For nutritional purposes, starch can be classified into three categories: rapidly digestible, slowly digestible and resistant starch. Resistant starches pass the small intestines without being digested or absorbed. Subsequently, in the large intestine, the resistant starch can be broken down by fermentation to short chain fatty acids, carbon dioxide, hydrogen and methane. There are four types of resistant starches:

1. physically inaccessible starches that are locked away within cell walls such as those found in partially milled grains, seeds and legumes
2. native resistant starch granules like those typically found in bananas, raw potatoes and high amylase maize starch
3. retrograded crystalline non-granular starch, like starch found in cooked and cooled, potatoes, bread crusts, cornflakes and retrograded high amylase maize starch

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4. specific chemically modified or repolymerised starch such as chain linked altered dextrans (see article by M. Croghan in Functional Foods & Nutraceuticals; September/October 2001)

In another preferred embodiment of the invention *Propionibacterium* is administered in the form of viable cells, i.e. cells that are capable of replication. The present method advantageously comprises the enteral administration of one or more viable strains of the genus *Propionibacterium* in a daily amount of at least 10^6 CFU, preferably of at least 10^8 CFU, most preferably of at least 10^9 CFU.

Examples of species of *Propionibacterium* that may suitably be employed in the present process include *P. freudenreichii*, *spp freudenreichii* or *spp shermanii*; *P. jensenii*; *P. acidipropionici* and *P. microaerophilus*.

The present method advantageously comprises the enteral co-administration of one or more metabolically active homofermentative strains of the genus *Lactococcus* or *Lactobacillus*, preferably in a daily amount of at least 10^6 cells. Homofermentative strains of the genus *Lactococcus* or *Lactobacillus* are capable of anaerobic fermentation of nutrients to lactic acid and, unlike heterofermentative strains, produce virtually no carbon dioxide. The co-administration of the genus *Lactococcus* and/or *Lactobacillus* offers the advantage that even higher energy recovery rates can be achieved as the latter strains are particularly efficient in fermenting certain nutrients such as lactose. The fermentation products of *Lactococcus* and/or *Lactobacillus*, especially lactate, may suitably serve as a substrate for the *Propionibacterium* strain(s).

The strains of the genus *Lactobacillus* are preferably selected from the group consisting of *L. casei*, *L. plantarum*, *L. sake*, *L. salivarius*, *L. acidophilus*, *L. crispatus*, *L. johnsonii*, *L. gasseri*, *L. delbrueckii*, *L. jensenii*, *L. curvatus*, *L. helveticus*, *L. amilophilus*, *L. amylovorus* and *L. rhamnosus*.

Another genus of micro-organisms that may advantageously be co-administered with *Propionibacterium* is *Bifidobacterium*. *Bifidobacterium* is highly efficient in degrading (hydrolysing) complex carbohydrates which may subsequently be fermented by *Propionibacterium* and/or *Lactococcus/Lactobacillus*. Consequently, in a preferred embodiment, the present method comprises the enteral co-administration of one or more metabolically active strains of the genus *Bifidobacterium*, preferably in a daily amount of at least 10^6 cells, more preferably in a daily amount of at least 10^8 cells.

The present method may suitably be used to treat patients suffering from various forms of malabsorption. The method is particularly effective for treating patients who suffer

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from malabsorption caused by impaired enzymatic or fermentative intestinal digestion. Best results are obtained in patients suffering from some form of pancreatic insufficiency or short bowel syndrome.

The enteral administration of *Propionibacterium* can provide a remedy for defective intestinal absorption of amino acids, peptides, sugars, fat, vitamins and/or minerals. The present method is particularly effective for treating mammals suffering from malabsorption of lipids and/or carbohydrates. A crucial benefit of the present method is that it enhances the energy that the treated mammal can derive from ingested nutrients, especially ingested carbohydrate material.

The symptoms of malabsorption treated by the present method may be associated with a variety of disorders. The present method is very suitable for treating patients who suffer from malabsorption which is associated with a disorder selected from the group consisting of cystic fibrosis, pancreatic insufficiency, pancreatitis, diseases accompanied by villous atrophy (e.g. caused by coeliac disease, cow's milk protein allergy, α chain disease, and inflammatory or infectious diseases), small or short bowel syndrome, malabsorption of mono- and disaccharides, and small bowel (bacterial) overgrowth. The method of the invention is particularly suitable for treating or preventing symptoms of malabsorption in patients suffering from a disorder selected from the group consisting of cystic fibrosis, pancreatic insufficiency, pancreatitis or small or short bowel syndrome.

Cystic fibrosis is an inherited disease of the exocrine glands and exocrine sweat glands which primarily affects the digestive and respiratory systems. This disease is usually characterised by chronic respiratory infections, pancreatic insufficiency, abnormally viscid mucous secretions and premature death. The main clinical effects of cystic fibrosis are observed in evidence of respiratory tract involvement and pancreatic insufficiency characterised by failure to grow despite an excellent appetite, frequent foul stools and abnormal pancreatic function tests.

Short bowel syndrome generally refers to a condition in which less than 150 cm of remaining small bowel is associated with a massive loss of absorptive capacity. It is characterised by severe diarrhoea and malabsorption. Patients with short bowel syndrome often experience malabsorption of protein, carbohydrate and fat resulting in calorie depletion and steatorrhea.

The most important therapeutic objective in the management of short bowel is to maintain the patient's nutritional status. By necessity, it is achieved primarily by parenteral nutrition support in the early postoperative period. Enteral nutrition support can be started

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early after operation when the ileus has resolved. Maximisation of enteral absorption of nutrients is important for long-term survival. Generally, such maximisation requires that the enteral intake greatly exceed the absorptive needs to ensure that the nutritional requirements are met.

5 Another aspect of the invention relates to a dietary supplement comprising at least 10^6 metabolically active cells of the genus *Propionibacterium*, at least 0.5 g of a prebiotic that yields a propionate to acetate ratio which is at least 25% higher than that observed for a glucose control in an *in vitro* incubation test as defined appendix I, and a nutritionally acceptable carrier. The dietary supplement may suitably contain at least 0.5 g of a prebiotic as
10 described herein before. Preferably the amount of prebiotic contained in the supplement is at least 1 g, more preferably at 5 g. Usually the amount of prebiotic in a daily unit dosage of the supplement will not exceed 50 g, preferably it will not exceed 30 g.

Yet another aspect of the invention relates to a dietary supplement comprising at least 10^6 metabolically active cells of the genus *Propionibacterium*, at least 10^6 metabolically
15 active homofermentative cells of the genus *Lactobacillus* and a nutritionally acceptable carrier.

A further aspect of the invention is concerned with a dietary supplement comprising at least 10^6 metabolically active cells of the genus *Propionibacterium*, at least 10^6 metabolically active cells of the genus *Bifidobacterium* and a nutritionally acceptable carrier.

20 As explained before, the combination of *Propionibacterium* with *Lactobacillus* and/or *Bifidobacterium* strains offers the advantage that it enables very high energy recovery rates. Particularly high energy recovery rates may be achieved by including metabolically active cells of both *Lactobacillus* and *Bifidobacterium*. Consequently, in a preferred embodiment, the supplement additionally contains at least 10^6 metabolically active cells of the genus
25 *Bifidobacterium* and at least 10^6 metabolically active cells of the genus *Lactobacillus*.

In order to achieve good results within a short time frame, it is preferred to incorporate at least 10^8 metabolically active cells of *Propionibacterium* and at least 10^8 metabolically active cells of *Lactobacillus* and/or at least 10^8 metabolically active cells of *Bifidobacterium*.

The invention is illustrated by means of the following examples.

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EXAMPLES

Example 1

A powdered product, packed in a sachet containing 85 g, to be made up with whole
5 milk. For children of 1-5 years of age ½ sachet is made up with 240 ml milk. For children of
5-10 years 1 sachet is made up with 240 ml milk. Servings: 1 per day. For children of 10
years and upward 1-2 servings a day are recommended.

Several flavours may be used, for instance vanilla, strawberry, orange, lemon, mocha
or chocolate. (This is also true for most of the other examples)

10 Per sachet the composition is as follows:

- Energy: 1831 kJ
- Protein: 4 g
- Carbohydrate 55 g, of which sugars are 20.1 g
- Fat 21 g of which saturated fat 9 g
- 15 - Sodium 119 mg
- Potassium 485 mg
- Calcium 111 mg
- Phosphorous 340 mg
- Magnesium 12 mg
- 20 - *Propionibacterium freudenreichii* spp *freudenreichii*: 10^9 cells
- *Lactobacillus rhamnosus*: 10^9 cells
- Resistant starch or inulin: 1 g
- Moisture

25 Example 2

A powder that can be easily incorporated into an infant milk formula, moist food or a
liquid by sprinkling on the recommended amount, and subsequent stirring. It is recommended
to paste with a small amount of liquid/water before adding in order to ensure thorough
mixing. Dose ranges from 1 g to 10 g/100 ml liquid and should be gradually increased.

30 The powder is packed in cans in aluminum foil. The composition per 100 g of powder
is as follows:

- Energy 2000 kJ
- Protein 0 g

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- Carbohydrate 69.1 g ; sugars 6.2 g and oligosaccharides 5 g (TOS + inulin ratio 9/1 w/w)
- Fat 21.2 g of which saturated 13.8 g monounsaturated 2.6 g, and polyunsaturated 4.8 g
- Fat contains 35% medium chain triglycerids
- Minerals 20 mg Na, 5 mg K, 20 mg Cl, 5 mg and 5 mg P
- 5 - *Propionibacterium acidpropioni*: 10^9 cells
- *Lactobacillus rhamnosus*: 10^9 cells
- *Bifidobacterium bifidum* 10^9 cells

Example 3

- 10 Powder, packed in cans or sachets, used to fortify drinks and foods. Also to be used in tube and sip feeds. Can be mixed with water to form a bland tasting, high energy liquid. Paste the powder with a small amount of water than add the remaining water, stir briskly with a fork. Once prepared, store in refrigerator for maximally 12 h.

To be introduced into the diet gradually: 1 to 10 gr per 100 ml drink or food

- 15 Composition per 100 g:

- Energy 1940 kJ
- Carbohydrate 70 g of which 4.8 g sugar
- Fat: 22 g of which saturated 17.8 g, monounsaturated 0.7 g and polyunsaturated 2.5 g
- Fat is present in the form of 83% MCT and 17% LCT
- 20 - 30 mg Na, 3.7 mg K, 50 mg Cl
- *Propionibacterium freudenreichii* spp *shermanii*: 10^8 cells
- *Lactobacillus casei*: $5 \cdot 10^9$ cells
- Inulin 5 g

25 Example 4

Powder, packed in cans or sachets, used to fortify drinks and foods, especially IMF for children older than 6 months. Powder is packed in sachets of 132 g, or in 200 g cans. To be introduced into the diet gradually, 1-10 g/ 100 ml drink or food.

Composition per 100 g

- 30
- Energy 1615 kJ
 - Carbohydrates 95 g of which 6.7 sugar
 - *Propionibacterium jensenii* 10^9
 - *Bifidobacterium longum* or *Bifidobacterium breve*: 10^{10}

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Example 5

Ready to eat, snack sized chunky bar, in the flavour natural or strawberry.

Composition per 100 g

- Energy 2477 kJ
- 5 – Protein: less than 0.05 g
- Carbohydrate: 47.36 g (sugar)
- Fat 47.36 g of which saturated 28.9 g, monounsaturated 16.3 g, polyunsaturated 2.2 g
- *Propionibacterium freudenreichii* spp *freudenreichii*: 2.10^7 cells
- Guar gum: 8 g

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Example 6

Powder in can. Dose 50 g/day for children, 100 g/day for adults. 5 g per spoon.

Sprinkle mix to moist food or liquid. Composition per 100 g:

- Energy 1615 kJ
- 15 – Carbohydrates 95 g of which 1.9 g glucose, 4.3 g maltose and 88.8 g polysaccharide including 10 g inulin
- *Propionibacterium acidipropioni*: 10^9 cells
- *Lactobacillus acidophilus*: 10^9 cells

20 Example 7

Powder, packed in cans or sachets. To be applied as tube or sip feeding. 430 g plus 1700 water or 650 g/1700 ml for an energy rich enteral feeding. First the powder should be mixed with a small amount of water, to ensure good mixing. The powder should be prepared shortly before application or should be stored in the refrigerator for maximally 3 h.

25 Composition per 100 g:

- Energy 1990 kJ
- Protein 18.8 g (casein)
- Carbohydrates 57.5 g of which glucose 1.5, maltose 14 g and polysaccharides 42 g
- Fat 18.3 g of which saturated 4.3 g, monounsaturated 5.8 g and polyunsaturated 8.1 g
- 30 – Na 375 mg, K 630 mg, Cl 585 mg, Ca 235 mg, P 235 mg, Mg 94 mg
- Trace elements
- Vitamins
- *Propionibacterium freudenreichii* sp *shermanii*: 10^8 cells

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Example 8

Powder in a can or sachet. 30 g per serving. Sprinkle on food or moist food or liquid.

Mix or stir. Composition per 100 g:

- 5 – Energy 1879 kcal
- Protein 30 g
- Carbohydrates 48 g of which 0.2 g glucose, 35.3 g lactose, 3.9 g maltose, 7.3
 polysaccharide
- Fat 15 g of which saturated 7.9 g, monounsaturated 6.2 g, and polyunsaturated 0.94 g
- 10 – Minerals, trace elements, vitamins
- *P. jensenii*: 10^{10} cells
- *L. rhamnosus*: 10^{10} cells

Example 9

- 15 Supplement: Powder in a gelatine capsule, tablet or sachet. 0.5 g powder per capsule
or tablet. Dose: 2 capsules a day. Not to be ingested together with hot drinks.

Composition of capsule/tablet:

- *L. rhamnosus* 10^{10} cells
- *P. freudenreichii* 10^8 cells
- 20 – *B. bifidum* cells 10^9 cells
- 0.4 g rhamnose (Sachets contain 1.9 g rhamnose)

Example 10

Supplement: Capsule, tablet or powder in a sachet. Composition capsule/tablet:

- 25 – *Lactobacillus. rhamnosus* 10^9 cells
- *Propionibacterium. jensenii* 10^9 cells
- *Lactococcus. lactis ssp cremoris* 10^9 cells
- *Streptococcus. thermophilus ssp salivarius* 10^9 cells
- *Bifidobacterium. bifidum* 10^9 cells
- 30 – *Lactobacillus fermentum* 10^9 cells
- 0.5 g guar gum (Sachets contain 1.9 g guar gum)

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APPENDIX I - Protocol for fermentation in dialysis tubes

Materials

Micro-organisms	Fresh faeces	
Substrate	Prebiotics or glucose	
McBain & MacFarlane medium	Buffered peptone water	3.0 g/l
	Yeast extract	2.5 g/l
<i>Fill 500 ml Scott bottles with the medium and sterilise 15 minutes at 121 °C</i>	Mucin (brush borders)	0.8 g/l
	Tryptone	3.0 g/l
	L-Cysteine-HCL	0.4 g/l
	Bile salts	0.05 g/l
	K ₂ HPO ₄ ·3H ₂ O	2.6 g/l
	NaHCO ₃	0.2 g/l
	NaCl	4.5 g/l
	MgSO ₄ ·7H ₂ O	0.5 g/l
	CaCl ₂	0.228 g/l
	FeSO ₄ ·7H ₂ O	0.005 g/l
Buffered medium	K ₂ HPO ₄ ·3H ₂ O	2.6 g/l
<i>Adjust pH to 6.3 ± 0.1 with K₂HPO₄ or NaHCO₃.</i>	NaHCO ₃	0.2 g/l
<i>Fill 500 ml Scott bottles with the medium and sterilise 15 minutes at 121 °C</i>	NaCl	4.5 g/l
	MgSO ₄ ·7H ₂ O	0.5 g/l
	CaCl ₂	0.228 g/l
	FeSO ₄ ·7H ₂ O	0.005 g/l
Preservative medium	Buffered peptone	20.0 g/l
<i>Adjust pH to 6.7 ± 0.1 with 1M NaOH or HCl</i>	L-Cysteine-HCl	0.5 g/l
<i>Boil in microwave.</i>	Sodium thioglycollate	0.5 g/l
<i>Fill 30 ml serum bottles with 25 ml medium.</i>	Resazurine tablet	1 per liter
<i>Sterilise 15 minutes at 121 °C.</i>		

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Methods

Preservation

The fresh faeces are mixed with the preservative medium and can be preserved in this
5 form for several hours at 4°C.

Faecal suspension

The preserved solution of faeces is centrifuged at 13,000 rpm for 15 minutes. The
supernatant is removed and the faeces are mixed with the McBain and MacFarlane medium in
10 a weight ration of 1:5.

Fermentation

- Combine 15 ml of the faecal suspension with 500 mg glucose or prebiotic in a bottle
and mix thoroughly
- 15 – Bring 15 ml of the resulting suspension in a dialysis tube and remove air
- Put the dialysis tube in a 250 ml bottle filled with 250 ml of the buffered medium
- Close the bottles well and incubate at 37°C
- Take a samples from the medium with a hypodermic syringe after 24 and 48 hours (\pm
1 ml) and immediately put it on ice to stop fermentation

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Determination of the propionate to acetate ratio

Prepare the samples for gaschromatographic analysis (including methylation of the acids
present therein) and determine the relative amounts of propionate and acetate found in
each of the prebiotic samples as well as the glucose sample. Calculate the
25 propionate:acetate ratio for each sample and compare the ratios obtained for the prebiotic
samples with the ratio observed for the glucose sample.

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CLAIMS

1. Use of one or more strains of the genus *Propionibacterium* and/or a prebiotic that stimulates gastrointestinal activity of *Propionibacterium* in the manufacture of a dietary supplement for use in a method of preventing or alleviating symptoms of malabsorption in a monogastric mammal which malabsorption is caused by impaired intestinal digestion, said method comprising the enteral administration of an effective amount of the one or more strains and/or the prebiotic to the mammal.
2. Use according to claim 1, wherein the malabsorption is associated with a disorder selected from the group consisting of cystic fibrosis, pancreatic insufficiency, pancreatitis and short bowel syndrome.
3. Use according to claim 1 or 2, wherein the one or more strains are selected from the group consisting of *P. freudenreichii*, *spp freudenreichii* or *spp shermanii*; *P. jensenii*; *P. acidipropionici* and *P. microaerophilus*.
4. Use according to any one of claims 1-3, wherein the malabsorption is caused by impaired intestinal digestion of protein, carbohydrates and/or fat.
5. Use according to any one of claims 1-4, wherein the method comprises enteral administration of a combination of the one or more strains and the prebiotic.
6. Use according to claim any one of claims 1-5, wherein the method comprises the enteral administration of one or more metabolically active strains of the genus *Propionibacterium* in a daily amount of at least 10^6 cells.
7. Use according to any one of claims 1-6, wherein the prebiotic is administered in a daily amount of between 0.5 and 50 g.
8. Use according to any one of claims 1-7, wherein the prebiotic yields a propionate to acetate ratio which is at least 25% higher than that observed for a glucose control in an *in vitro* incubation test as defined in the description.

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9. Use according to any one of claims 1-8, wherein the prebiotic is selected from the group consisting of inuline; modified inuline; hydrolysed inuline; fructo-oligosaccharides; galactomannan and hydrolysates thereof; arabinogalactan and hydrolysates thereof; trans-galacto-oligosaccharides; rhamnose; pectin and pectin hydrolysates; resistant starch and hydrolysates thereof; indigestible dextrin and hydrolysates thereof; indigestible polydextrose; beta-glucan and hydrolysates thereof; and combinations of these oligo- and polysaccharides.
10. Use according to any one of claims 1-9, wherein the method comprises the enteral co-administration of one or more metabolically active homofermentative strains of the genus *Lactobacillus*, preferably in a daily amount of at least 10^6 cells.
11. Use according to any one of claims 1-10, wherein the method comprises the enteral co-administration of one or more metabolically active strains of the genus *Bifidobacterium*, preferably in a daily amount of at least 10^6 cells.
12. Dietary supplement comprising at least 10^6 metabolically active cells of the genus *Propionibacterium*, at least 0.5 g of a prebiotic that yields a propionate to acetate ratio which is at least 25% higher than that observed for a glucose control in an *in vitro* incubation test as defined in the description and a nutritionally acceptable carrier.
13. Dietary supplement according to claim 12, comprising at least 10^6 metabolically active cells of the genus *Propionibacterium*, at least 10^6 metabolically active homofermentative cells of the genus *Lactobacillus* and a nutritionally acceptable carrier.
14. Dietary supplement according to claim 12 or 13, comprising at least 10^6 metabolically active cells of the genus *Propionibacterium*, at least 10^6 metabolically active cells of the genus *Bifidobacterium* and a nutritionally acceptable carrier.
15. Dietary supplement according to any one of claims 12-14, wherein the prebiotic is selected from the group consisting of inuline; modified inuline; hydrolysed inuline; fructo-oligosaccharides; galactomannan and hydrolysates thereof; arabinogalactan and hydrolysates thereof; trans-galacto-oligosaccharides; rhamnose; pectin and pectin

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hydrolysates; resistant starch and hydrolysates thereof; indigestible dextrin and hydrolysates thereof; indigestible polydextrose; beta-glucan and hydrolysates thereof; and combinations of these oligo- and polysaccharides.